

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.		FILING DATE	
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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43	/					
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46)					
47	/					
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	42					
TOTAL CLAIMS	46					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						